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PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000060219 (0)**

1. Corporation Name
M.C.S. SOFTWARE, INC.

Principal Place of Business	Mailing Address
5201 CONGRESS AVE STE C-150 BOCARATON FL 33487 US	5201 CONGRESS AVE STE C-150 BOCA RATON F 33487 US

2. Principal Place of Business	2a. Mailing Address
21 1801 Clint Moore Rd	26 1801 Clint Moore Rd
Suite, Apt. #, etc 22 Suite 217	Suite, Apt. #, etc. 27 Suite 217
City & State 23 Boca Raton FL	City & State 28 Boca Raton, FL
Zip / Country 24 33487 / 25 USA	Zip / Country 29 33487 / 30 USA

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report: 06/16/1995
4. FEI Number: 65-0516340 — ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAW, ELLEN M 1300 N FEDERAL HWY SUITE 201 BOCA RATON FL 33432	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SULLIVAN, MARTIN 5201 CONGRESS AVE C-150 BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Director Martin Sullivan 1801 Clint Moore Rd Suite 217 Boca Raton FL 33487	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CURRIN, MARIE 500 NE 48TH ST BOCA RATON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President/Director Marie Currin 2403 NW 31st St. Boca Raton FL 33431	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RISI, ANTHONY 1116 NW 30TH TERR SUNRISE FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	100001783201 -04/17/96--01013--037 ***8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	000001783200 -04/17/96--01013--036 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bradlyn Currin MARIE BRADLYN CURRIN 4/2/96 (407) 998 4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)